



Health Seeking Behavior for the Non-Communicable Diseases and Mental Disorder

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Abstract. One of the functions of the family is foster care, which is towards the need for maintenance and care so that health is always maintained it is physically, mentally, socially, and spiritually healthy. This research is qualitative research using the descriptive-analytic method. This study aims to health-seeking behavior for Non-Infectious Diseases and Mental Disorder. The type of research is qualitative research with a descriptive narrative that emphasizes meaning, understanding, concepts, characteristics, symptoms, symbols, and descriptions of a phenomenon and multi-methods that are natural and holistic. Data collection was carried out through in-depth interviews, and documentation and then analyzed using descriptive analytic techniques where the results of the interviews were presented in narrative form. The results of the findings of this study showed that people with non-communicable diseases believed in traditional medicine. An alternative treatment that is natural and does not cause side effects. In the health-seeking behavior of people with mental disorders, there were two types of traditional medicine services using skills: therapists and *Ruqyah*. Noncommunicable diseases that were mostly owned by the elderly in Pabelan Village are; Diabetes Mellitus, Hypertension, and Cholesterol. Suggestions for this research are shown to related institutions, families, and future researchers for non-communicable diseases and people with mental disorders more trusted treatment to health professionals.

Keywords: Health Seeking Behavior, Mental Health, Non-Communicable Disease

1 Introduction

Health has a very large role in human development, so all people must maintain, improve and protect their health. This is for the welfare of the community [1]. When feeling pain, a person needs the treatment so that the disease suffered can be cured immediately, be it in the form of physical or mental illness, one of which is a mental disorder.

Basic Health Research (*Riskesdas*) data shows that the prevalence of emotional mental disorders indicated by symptoms of depression and anxiety for ages 15 years and overreaches around 6.1% of the total Indonesian population. Meanwhile, the prevalence

of severe mental disorders, such as schizophrenia, reaches around 400,000 people or as many as 1.7 per 1,000 population [2].

Non-communicable diseases (NCDs) are another term that is often referred to as chronic diseases that cannot be transmitted from one person to another. NCDs cause 63% of deaths, and lower-middle-income countries have a high mortality rate of 80% of deaths resulting from NCDs. Indonesia is one of those that achieve a high level of NCDs mortality, namely as many as 30% of deaths due to cardiovascular disease, 7% respiratory diseases, 9% injuries, 3% cancer, 10% other non-communicable diseases, and 28% for other infectious diseases, [3].

The family has an important role in the treatment of people with mental disorders (ODGJ/ *Orang Dengan Gangguan Jiwa*). One of the functions of the family is foster care, which is towards the needs of maintenance and care so that health is always maintained, physically, mentally, socially, and spiritually healthy. The family has an important role in the healing process of ODGJ, the role of the family can be in the form of attitudes, actions, acceptance, and support toward ODGJ [4]. Treatment-seeking behavior is the behavior of a person in a sick condition or experiencing health problems, to overcome the health problems that are being experienced, namely by obtaining treatment to lead to the healing process. Kristono and Yuniar explain there is no link between education, economic status, gender, and age of treatment search patterns in alternative health services [5]. Because the selection of treatment is influenced by the socio-cultural background of the community and the geographical location of the community settlement. In general, the treatment of diseases through traditional medicine is one part of Indonesian society, in modern medicine the medical aspect is the main or secondary choice for the community because people tend to treat using traditional first. When sick, if there is no change, then take it to health workers such as public health centers (*Puskemas*) or hospitals.

2 Method

This type of research is *qualitative with a narrative descriptive* design. The selection of participants was made deliberately because they had experiences that corresponded to the phenomena studied. The participants in This study included 10 elderly people from Pabelan Village and three ODGJ families who were accompanying controls to the outpatient polyclinic at RSJD dr. Arif Zainuddin Surakarta. Triangulation is one way to commonly used in the practical qualitative, which source was used in the study. Researchers used different data from a number of sources to collect the same data, which is conducted in such a way check data to resource person who same by means of a lot of different techniques. Researchers conducted validity and reability to speakers by interviews and documentation of recording conversation. Concluded that guidelines, observation, and the media are valid. The data analysis used is a thematic analysis [6]. This research has gone through an ethical feasibility test at the Faculty of Medical Sciences, Universitas Muhammadiyah Surakarta with Reference Number: 4508/B.1/KEPK-FKUMS/XI/2022.

3 Result and Discussion

Based on the data obtained by the researchers, there are four themes in the search for NCDs observance in Pabelean village, and six themes in the search for ODGJ treatment at Surakarta Hospital, as follows;

3.1 Four themes in the search for NCDs treatment in Pabelan Village

The Search for Treatment of NCDs. The behavior of seeking treatment for NCDs in people who are getting the disease or are not feeling pain (disease but no illness) will not occur in people whose disease has not yet begun to cause symptoms of illness. If you feel pain, it causes a variety of responses, including seeking treatment. Here are some statements given to the elderly who are unique in the search for treatment carried out as follows:

“Well miss, the traditional medicine that I used I visited a healer, who was introduced to me by my brother. I was given a bottle of water there, along with the healer, who was also prayed for using Islamic prayers. “The water in it was given a Javanese concoction, the contents were like leaves, but I didn't know what was in it, I was only given a message if I was told to drink it twice a day.” (Participants/P1) [*“nah mbak, pengobatan tradisional yang saya gunakan itu saya berkunjung ke tabib, yang dikenalkan saudara. Saya disana dikasih air sebotol, sama tabibnya, juga didoakan menggunakan doa-doa Islam. Air yang di dalamnya itu dikasih ramuan jawa gitu isin ya seperti daun-daun gitu, Cuma engga tahu apa di dalamnya, hanya dikasih pesan kalo disuruh sehari minumnya 2 kali.”* (P1)]

Respondents who performed alternative medicine such as coming to a healer or herbalist got a concoction to be consumed in daily medicine. The next statement, it appears that the concoction given in the form of the following dry concoction is a statement to the respondent as follows:

“The contents are in plastic like a plant that has been mixed in a dried form, I'm taking treatment at alternative medicine, from this alternative medicine I get the concoction in the form of the dried plant that I bought, I also consume black honey, miss.” (P2) [*“niku teng plastikan isiannya kaya tanaman yang udah diracik bentuknya itu sampun kering, kulo berobat teng pengobatan alternatif, pengobatan alternatif kulo nggeh oleh niku ramuan bentuk keringan sing kulo tumbas niku, kaleh kulo konsumsi madu hitam mbak.”* (P2)]

In the interview passage above, it can be concluded that the respondents uniquely searched for traditional medicine, by visiting alternative medicine, which used to use traditional natural ingredients accompanied by prayers in the treatment. This finding is in accordance with the findings of the Northern Kolaka which state that the main reference results in the search for NCD treatment are herbalists [3].

People's trust in traditional medicine. People who search for treatment by coming to healers, herbalists, and others. Here are some statements made to the elderly who have a unique level of in public trust in traditional:

“In my opinion, miss, medicine is not good for my body, well, I told my children, “You don't need to take medicine, so consume the Javanese herbs that were prescribed by your parents in the past.” (P2) [*“nek menurut kulo niku mbak, obat terus nggeh mboten apik ngge awak kulo, nah, niku kulo ngomong kaleh anak kulo, “wes mboten usah berobat jadi konsumsi ramuan-ramuan jawa yang dulu-dulu dikasih resep kaleh wongtuo mbien mbak.”* (P2)]

Futhermore, some respondents stated that he believes that the treatment he is receiving, such as going to the healer or performing traditional treatment. Here are some additions regarding respondents' statements about traditional medicine beliefs:

“The problem was that, the treatment was always traditional, such as consuming boiled herbs, from my mother's time; then the healer asked me to boil the concoction that my mother is currently consuming; now my mother has also experienced its benefits, so I feel that traditional medicine is really good.” (P4) [*“soalnya dulu dari jaman ibu saya dulu mbak, pengobatannya selalu tradisional mbak kaya konsumsi jamu yang direbus, terus pengobatan ke tabib ya disuruh rebus racikannya yang dikonsumsi sama ibu sekarang, nah ibu juga sudah merasakan khasiatnya jadi saya ya merasa pengobatan tradisional wes mantep pokoknya.”* (P4)]

Respondents stated that they believed and knew the pain was caused by a recurrence of the NCDs they experienced, so they did not need to take further treatment. The following is the statement given to the respondent:

“Yes, the problem is that you already know what kind of illness you have if you get dizzy it means you have high blood pressure, so now you just have to consume traditional medicine more natural, you just go to alternative medicines sometimes, miss. I got information from neighbors and family that alternative traditional medicine turned out to be good, miss, so I tried it and thank God, miss.” (P5) [*“ya soalnya kan udah tau gitu ya mbak sakitnya apa, nah kalo pusing berarti tensinya duwur, jadi sekarang ya konsumsi tradisional-tradisional aja mbak alami, sama kadang ibu ini ke pengobatan-pengobatan alternatif aja sih mbak, dapet informasi dari tetangga-tetangga sama dari keluarga kalo pengobatan alternatif tradisional itu ternyata bagus mbak, makanya dicoba dan alhamdulillah ya mbak.”* (P5)]

The above interview passage shows results that can be concluded that people make traditional medicine the main reference treatment because the treatment uses herbal-based treatments, natural does not use this type of chemicals that can harm the body. This finding is following the results of research from the University of Kent which shows the results that the development of traditions through cultural evolution is one of which is the existence of shamans. Because it can influence unforeseen events and outcomes [7].

Knowledge barriers in the elderly. The barrier to knowledge for the elderly is that they elderly do not understand enough about non-communicable diseases or diseases that are currently experienced. The elderly still uses the belief system that has occurred in descending order inherited by the family. Here are some statements about knowledge barriers among the elderly are as follows:

“Hmmm... I didn't know that, miss” (P2) [*“hmmm... mbak mboten ngertos kulo”* (P2)]

Furthermore, in the following statement, the respondent stated that the disease cannot be transmitted, but does not know the type of disease. Some of the statements given are as follows:

“What can't be transmitted, but I don't know anything, miss, hehe.” (P5) [“yang tidak dapat ditularkan, tapi kurang tau apa saja ya mbak ehehehe.” (P5)]

The results of the quotes in the interview above indicate that the people in Pabelan Village do not understand NCDs. These findings show a lack of knowledge, so people are less concerned about further treatment [8].

Elderly Response to NCDs experienced. The elderly have a variety of responses related to the condition they are experiencing. Some of the statements given by the elderly to the response of the elderly to NCDs experienced are as follows:

“For me personally, just do it, miss, sincerely, avoiding what must be avoided, which in essence is not allowed to eat and drink, which should not be opposed.” (P1) [“kalo saya pribadi ya udah jalani saja mbak ikhlas, menghindari apa yang harus dihindari yang intinya tidak boleh dimakan dan minum yang jangan ditentang.” (P1)]

The elderly stated that the condition is a common thing that occurs in the elderly so it is not a threat to the elderly. Furthermore, the elderly state that following the prohibitions that are not allowed to be done, the following statements given by the elderly are as follows:

“Yes, because I am old too, miss, there are many complaints now, so I just follow the prohibitions that cannot be eaten and drunk, the point is that I am willing to live it.” (P2) [“ya Namanya mpung wong sepuh nggih mbak, akeh keluhan nggehsakniki kulo mengikuti saja pantangan-pantangan seng mboten oleh di maem kaleh minum, intinya mpun ikhlas menjalaninya.” (P2)]

Sincerity, effort is the main key that must be instilled in oneself. Some of the statements that have been given to the elderly are as follows:

“Life has to be lived with sincerity and effort, miss, now I'm living it with sincerity and effort, so avoid things that you can't eat.” (P3) [“kalau hidup itu kan harus dijalani dengan keihlasan dan usaha ya mbak, nah saya saat ini menjalani dengan keihlasan serta usaha nya ya menghindari yang tentunya sudah engga boleh dimakan.” (P3)]

“If you are tired, dizzy, take a rest, don't be forced to work, just live life, miss, with effort and prayer.” (P6) [“kalo capek, pusing istirahat jangan dipaksa buat kerja, jalani mawonhidup itu mbak kaleh usaha, doa.” (P6)]

“Healthy is important miss, like maintaining a diet is also very important, if you love yourself, you must also maintain a diet, so that you are always healthy.” (P10) [“sehat itu penting mbak, kaya menjaga pola makan juga sangat penting, kalo sayang sama diri sendiri juga harus menjaga pola makan, supaya selalu sehat.” (P10)]

The results in the interview excerpt above obtained the results that the elderly in Pabelan Village stated that sincerity is living the current which is mainly and most importantly healthy to maintain a diet and drinks that should be avoided. These findings are following the results showing that the elderly have good results in physical roles, health, vitality, emotions, and mental health [9].

3.2 Four themes in the search for ODGJ medicine

Thoughts and Attitudes. The family thinks that ODGJ should seek treatment, this is revealed from interviews with respondents as follows;

P1: People are different from ordinary people. I feel that when I see people with mental disorders, therefore they need the right treatment and treatment. They also often threaten so I feel scared, so it must also require attention from those around them.

P2: People with mental disorders are different from normal us. At that time my son threatened me so it made me feel terrified, and immediately needed maximum attention and appropriate treatment.

From the participants' expressions above, it can be concluded that families whose family members are suffering from mental disorders feel that they have to seek treatment. The first aid given by family members who have mental disorders in the study conducted by Aini varies depending on the knowledge of the causes of mental disorders experienced by their families [10].

Belief. The family believed in traditional medicine in alternative medicine places that had been visited, this was revealed from interviews with respondents when researchers asked, do you believe in using traditional medicine, the participants' answers are as follows;

P1: I believe in this traditional medicine because there it is damaged and should not be visited for 9 months but the condition is getting worse.

P2: I just dabbled, I didn't have to do medical treatment, but there was no change.

P3: I believe that if treatment is done like ruqyah that uses prayers or herbal medicine, but if it is a shaman, I don't believe it.

When asked about the healing process carried out in traditional medicine, respondents answered as follows;

P1: If those in Pondok Ngawi for 9 months should not be visited, I feel that I do not believe in helping the recovery of the patient, because on the other hand, patients who seek treatment must also have support from their families.

P2: Trusting Kyai more than a shaman, but also prioritizes medical treatment.

From the statements of the two respondents above, it can be concluded that the ODGJ phenomenon is too late to be taken for treatment to health care in hospitals. The family of an ODGJ patient at the beginning of the symptoms of his family suffering from a mental disorder did not immediately take treatment at the hospital but was instead taken to alternative medicine such as to a herbalist, cottage, to be destroyed and sought healing. Although in the end, the family believed it was better to be taken to the hospital for medical treatment, it was unfortunate, the patient who should have suffered from the beginning mentally ill was immediately taken to the hospital, having lost the "golden time" for medical treatment at the beginning of the symptoms of the mental disorder experienced by the patient ODGJ. This is following previous research conducted by Widodo et al. that ODGJ should be taken directly to the hospital to get help immediately and treatment [11].

Services in Traditional Medicine. The family said that in the place of traditional medicine, spiritual activities, herbal therapy, and complementary therapy are carried out, this is as the respondents said as follows;

P1: When I was in the cottage, my son was bullied and invited to pay together, but I was dissatisfied because I didn't know for sure how he acted there because he was not allowed to be visited. If the shaman is told to drink water, he has been given a certain prayer.

In line with the answers of the respondents/ P1, expressed P2, and P3 are as follows;

P2: When you are in *ruqyah*, from a religious point of view, you can just recite the verses of the Al-Quran together.

P3: *Ruqyah* is carried out by Ustadz and assisted by family and patients in reading verses of the Quran and praying together.

When asked, what do therapists do to cure ODGJ? participants 1 (P1), P2 and P3 replied;

P1: Don't know, because there is no place to visit if you also drink herbal ingredients (herbs), while those who are supported are only given water to drink.

P2: As I saw there it was massaged from shoulder to toe, when it was finished massage, the seizures disappeared, but after a few days of relapse again.

P3: Given a drink in the form of powder (cumin) and honey, the effect on the body feels good, and the mind is awake.

Most traditional medicine models do have distinctive characteristics, including that patients should not be visited by anyone, including not being visited by their own family.

Action. To find treatment, what families do in traditional medicine is a type of traditional medicine that is done repeatedly, then turns to medical treatment. This can be seen from the expressions of the participants as follows;

P1: The treatment was immediately carried out, miss, initially doing traditional medicine at the *ruqyah*, then the shaman and herbs/ herbs.

P2: Initially he was taken to the Karanganyar regional hospital but there was no change, miss, so I looked for someone who could do therapy and prayer at the Kyai's place.

P3: At first, I left you alone for 2 years and it got worse and worse finally I found an Ustadz who could do *ruqyah* and I was given a concoction of cumin and honey.

4 Conclusion

- Participants in Pabelan Village chose to switch to using Traditional Medicine because treatment through health workers if it is sustainable, will cause adverse side effects on the body.
- Traditional medicine is done with Javanese herbs, by boiling and then drinking. Consuming fruits that provide benefits for the elderly body using juice, consuming black honey, and making treatment visits in alternative places (healers, herbalists).
- The attitude of participants showed a positive attitude towards traditional medicine for people with mental disorders. Participants' beliefs regarding traditional medicine

mostly believe traditional medicine using the medium of water, prayer, and herbal medicine drinks can cure ODGJ and a small number do not believe it.

- The resources in the results of this study were on services in traditional medicine places, most of the participants said that the services at the treatment site were good and a small part said that the services were inadequate.

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